Health Share Montana

An Overview, January 2009
www.healthsharemontana.org

HealthShare Montana (HSM) is among the broadest and most diverse organizations of healthcare leaders and stakeholders in Montana. Its 21 member board includes representatives from state government, major payers, consumer groups, large and small healthcare facilities and individual physicians. It includes 55 participating organizations and has received a resolution of support from the Montana Medical Association.

HealthShare Montana's mission is to support the health of all Montanans through the development of statewide health information exchange (HIE) infrastructure. The infrastructure will have the capacity to support health information delivery to the point-of-care, enable point-of-care clinical decision support to assist with preventive care and management of chronic illness, will allow performance reporting and will enable electronic prescribing with medication reconciliation.

HIE capabilities will be developed according to requirements that will allow its eventual inclusion as a National Health Information Exchange (NHIE) site representing the State of Montana in the National Health Information Network (NHIN).

The National Governors' Association:

An October 2007 report to the National Governors' Association (NGA) from its Health Information Communication and Data Exchange Taskforce included the recommendation that by the end of 2008 each state should "develop and test exchange architectures incorporating existing and approved standards." This HealthShare Montana initiative allows Montana to begin implementing the operational recommendations of the NGA Taskforce. Governor Brian Schweitzer recently stated "that national studies show medical costs could decrease by up to 30% if we had electronic medical records." (www.montanasnewsstation.com, August 20, 2008.)

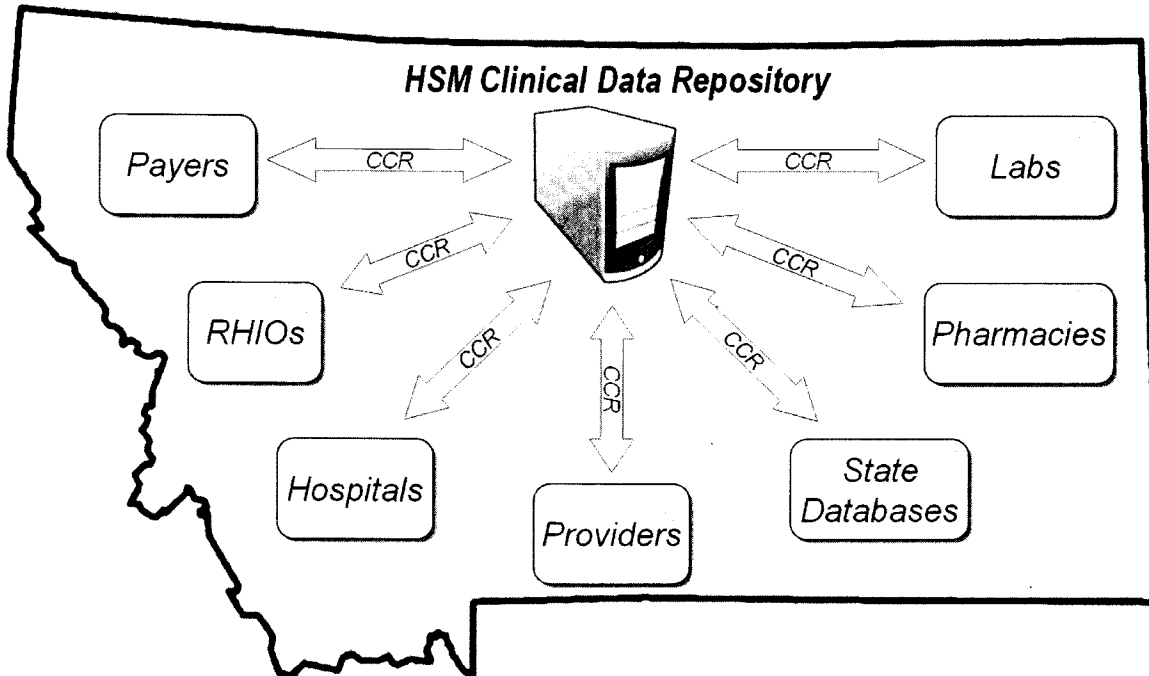### The Continuity of Care Record (CCR):

CCR is a national standard which is rapidly becoming one of the most effective methods for conducting HIE among organizations, physicians and patients. In place of the complex and costly data standardization and information systems integration often needed at the enterprise level of operations, CCR is both a content and a technical standard that allows the exchange of essential healthcare information among loosely-coupled systems. The CCR can be thought of as an electronic envelope allowing a core set of the most relevant health information about any individual to be securely shared through any web browser. It can contain information from many clinical documents including but not limited to problem lists, medication lists, laboratory results,

progress notes, history & physicals, discharge summaries and procedure reports. It can also include record locators and links to the more comprehensive information available in contributing systems.

HSM's extensive evaluation of the different models of health information exchange being used around the country led it to focus on CCR-based hybrid architecture as a simple and sustainable solution to HIE. Hybrid architecture means that the CCR extract of information is centralized for exchange and analysis while all other information remains in its originating system. The CCR-based system being proposed by HSM is designed to work with, not to replace, whatever HIT infrastructure is present in participating organizations and healthcare sites.

As an example of a successful CCR-based information exchange, The Northern Illinois Physicians for Connectivity is a CCR-based health information exchange that received the 2007 "Towards the Electronic Patient Record" CCR Award. An article in Bio-IT World following the award noted "It could be that the CCR is the only business model that works for a RHIO."

The State of Florida is using CCR and hybrid architecture as a vehicle for health information exchange among many collaborating organizations. The Florida Health Information Server takes CCR exports from multiple systems around the state including RHIOs, payor databases, government databases and various miscellaneous databases for centralized information analysis and sharing among participants.   Closely following the Florida model, the graphic below illustrates the proposed HSM architecture.

HSM Clinical Data Repository

Payers · CCR · Labs · RHIOs · CCR · CCR · Pharmacies · Hospitals · CCR · Providers · State Databases

Consistent with an HSM project designed to communicate among but not to replace existing local and regional systems, Governor Schweitzer stated that "today there are several systems that are being deployed around the state. We're looking for a single

system that is able to communicate with all of the different systems across Montana." (www.montanasnewsstation.com, August 20, 2008.)

Most recently, and perhaps most dramatically for proponents of the CCR standard, Google Health has chosen it as the underlying communications standard for its Personal Health Record initiative launched earlier this year. Using CCR, the developing HSM system will be able to exchange information with Google Health or with any CCR-compliant PHR to vastly widen its information sources and recipients for HIE.

Information contained in the CCR is exchanged through a clinical data repository (CDR) that provides the basis for disease management and population health analysis, analogous to a project currently being proposed by the American Academy of Family Practice (http://www.centerforhit.org/PreBuilt/AAFP-CDR-RFI-RFP.pdf). The patient summary records contained in the resulting CDR can be queried for information exchange, used to populate a personal health record (PHR), used to reconcile medications from different providers, analyzed for population health at any geographical level including practice level, or used to provide clinical decision support at an individual patient's point-of-care.

What will a state-wide CCR-based CDR give to Montana?

- Safer and better quality healthcare because providers will have the right information in the right place and at the right time (HIE) to make better decisions that can reduce medical errors and improve treatment outcomes.
- Information exchange that also allows data to be aggregated and analyzed for powerful disease management capabilities that can be used to improve healthcare outcomes and so reduce cost and increase access to care.
- A cost-effective mechanism for Montana healthcare providers without full EHR systems to participate in HIE, obtain improved disease management capability including point-of-care decision support, use electronic prescribing and comply with Federal data reporting initiatives.
- A link to Personal Health Records (PHR) that can allow people to keep secure and easily accessible records of their own health information, more actively engaging the patient in the healthcare process.
- Disaster preparedness that creates centralized back-up of essential medical records. During hurricane Katrina medical records were destroyed when left behind to face the storm; devastating the delivery of care and costing millions.
- The ability to develop a state-wide NHIE that will allow Montana to participate in the evolving NHIN.
- Provide health information technology infrastructure and the critical data analysis capabilities that will assist Montana healthcare providers to effectively participate in the evolving healthcare delivery system reforms proposed by Senator Max Baucus in his Call to Action, Reform 2009.

Funding:

HSM Board and Workgroup members all serve as volunteers. HSM stakeholders have contributed approximately $50,000 in cash, and vastly more in time, over the past two years to assist with start-up operating needs.

The project budget for 2009 – 2011 addresses two components: HSM operations and information technology costs. The estimated two year total is $1.5M for both general HSM operations and for the CCR-based HIT system to be deployed in its first phase to up to 100 providers.

The Children, Families, Health, and Human Services Interim Committee of the Montana legislature has recommended that HSM receive funding and Governor Schweitzer has included $750,000 in his budget that can be used for this purpose. Senators Baucus and Tester have included a $750,000 earmark for HSM in pending Federal legislation. HSM stakeholders will be requested to contribute funds to sustain basic operations until state and federal funding become available in late 2009.

Current Workgroup Activity:

Clinical Workgroup:

The Clinical Workgroup will determine project priorities for (1) the order of implementation of the many possible functional capabilities discussed above and (2) the types of data imported to the CCR during the various phases of the project.

Privacy and Security Workgroup:

Based upon the Markle Foundation's Connecting for Health^{SM}, Common Framework for Networked Personal Health Information (http://www.connectingforhealth.org/phti/) the Privacy and Security Workgroup is developing Montana-specific procedures and documents intended to safeguard the privacy and use of personal health information.

Financial Workgroup:

The Financial Workgroup will determine the business plan and detailed sustainability requirements necessary to support the clinical priorities and outputs defined by the Clinical Workgroup.

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